

CITY OF LEXINGTON

Police Department

P.O. Box 938, 11 Fuller Street

300 East Washington Street

Lexington, Virginia 24450

[540] 462-3705; fax [540] 9357

**CITIZEN COMPLAINT FORM
AGAINST POLICE PERSONNEL**

(please print or type)

***Please Read:** In the interest of fairness, to both you and the employee (s), it is requested that you think about your contemplated actions. If, after due consideration, you firmly believe that your complaint is justified, you are urged to register your complaint.*

***Reports of false accusations against an employee
can result in civil liability being initiated against the complainant.***

When your complaint is brought to the attention of the Police Department, you will be asked to complete the Citizen Complaint Report. The matter will be thoroughly investigated and the findings will be reviewed by the Chief of Police. Once the Chief of Police approves a disposition regarding your complaint, you will be notified in writing. This process may take from six to eight weeks if a court case is involved.

It is essential that the entire community has confidence in its police department and the administration which supervises the exercise of police authority. This requires procedures for the adequate and expedient processing of allegations of misconduct by department members.

The administration recognizes that department members are often subject to intense pressures in the discharge of their duties, and that they must remain neutral under circumstances which are likely to generate tension, excitement and emotion. In such situations, words, actions and events frequently result in misunderstanding and confusion. It is to the advantage of the department member to have a staff unit process the more serious allegations and the underlying circumstances so that complaints can be resolved and the complicated pressures of police work carefully considered.

The Chief of Police intends to serve the citizens of the community and department members by insuring a fair, impartial, and expedient processing of complaints.

Chief of Police

Complainant: _____

Date: _____

Address (home): _____

Phone (h): _____

Phone (w): _____

Address (work): _____

Phone (c): _____

Incident Location: _____ **Date/Time:** _____

Employee(s) Involved in Incident: _____

Brief description of incident: _____

(use additional sheet if necessary)

Witnesses:

Witness 1 Name: _____ Phone: _____

Address: _____

Witness 2 Name: _____ Phone: _____

Address: _____

Witness 3 Name: _____ Phone: _____

Address: _____

I certify the foregoing to be true to the best of my knowledge.

Complainant signature

Date

Staff Use Only

Complaint Received: _____

☐ In Person

☐ Phone

☐ Mail

Supervisor Receiving Complaint

Date

Receiving Supervisor's Remarks: _____

(use additional sheet if necessary)

Date submitted to Chief of Police: _____

Investigation:

Personnel Involved: _____

Comments: _____

Investigated by:

Date

Conclusion:

- | | |
|--|---|
| <input type="checkbox"/> Unfounded | No basis |
| <input type="checkbox"/> Exonerated | Incident occurred but actions were lawful and proper. |
| <input type="checkbox"/> Unsubstantiated | Insufficient evidence to prove or disapprove allegations. |
| <input type="checkbox"/> Substantiated | Supported by sufficient evidence and appropriate disciplinary action taken. |

Disciplinary Action Taken: _____

Signatures:_____
Supervisor signature_____
Date_____
Employee acknowledgment of disposition_____
Date_____
Chief of Police signature_____
Date_____
Complainant informed of disposition in writing by:_____
Date